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ST. LUKE'S ROOSEVELT HOSPITAL

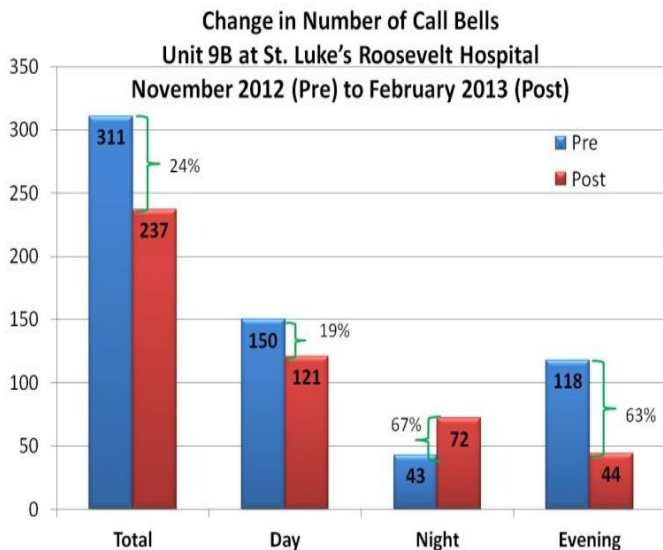
A Patient Centered Care Performance Improvement Project

This summary outlines how the Labor Management Project (LMP) supported performance improvement (PI) work at St. Luke's Roosevelt Hospital (SLR). The PI initiative was aimed at increasing patients' perceptions of staff responsiveness.

The Challenge: Labor and union leaders at St. Luke's Roosevelt understand that maintaining a reputation of high-quality service requires a long-term commitment to creating a culture of excellence through collaboration. They enlisted the Labor Management Project to facilitate a series of patient-centered care trainings for nearly two hundred hospital employees and managers. Patient-centered care is defined by the Institute of Medicine as "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."¹ To reinforce and deepen the patient-centered care focus, the LMP guided a performance improvement initiative on one unit, aimed at improving employees' responsiveness to patients.

The Solution: Union and management sponsors at St. Luke's Roosevelt selected unit 9B for the performance improvement pilot. In a two-day launch, the LMP worked with a team of 1199SEIU representatives and managers from the unit to develop goals and a work plan. As an indicator of staff responsiveness, the team selected a reduction in the number of call bells as a key project measure. Some interventions tested in the PI project were intended to adequately address patient needs before they felt the need to ring their call bells. The LMP provided facilitation training to the team's two co-leads – one management and one union representative. The co-leads (with the assistance of the LMP) then guided the team through a process of: implementing new responsiveness policies (hourly rounding and "stay in district," which encourages workers to stay near their room assignments); cultivating culture change (by holding monthly unit meetings to encourage engagement); troubleshooting issues that hindered responsiveness to patients' needs; and training all support and medical staff on the unit to respond to call bells and follow a "no pass" policy (178 employees trained). This process took approximately three months.

The Results: Within 3 months, the team accomplished a 24% decrease in the total number of call bells (from 311 to 237) on the unit across all shifts.² Most notably, the evening shift reduced its call bells by 63%. At an estimated 4 minutes per call response, this decrease saved the unit an average of 74 minutes each evening shift – time that could instead be devoted to other patient care needs. Research demonstrates that the responsiveness practices implemented by 9B (such as hourly rounding) better enable staff to anticipate patient needs and provide consistent, proactive care. This, in turn, often leads to increased patient satisfaction and safety.³



Positive Feedback: PI team members reported that they received positive feedback from other staff on 9B such as, "It's really working;" "I could hear a difference – less call bells compared to the other side of the unit;" and "I'm no longer hearing, 'It's not my job.'"

Roopchan (Bob) Baboolal, ANCC, the team's Union Co-Lead said, "The project was effective and had a good outcome. From my observations, the best results are achieved when practices are done from the heart and with love for what you do."

Andre George, a team member from Materials Management stated, "The opportunity to engage with staff across the departments through our 9B PI project empowered us to be leaders in striving for change. We have and will continue to effect improvements from within."

Joanne Miller, St. Luke's Roosevelt's Chief Nursing Officer remarked, "I would like to commend everybody on your spirit. Of course your hard work is recognized as well, but hard work can't really go anywhere without

¹ Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Nov 2012.

² During the baseline and post-intervention periods, call bell data was collected 7 days for the day shift, 5 days for the night shift, and 4 days for the evening shift.

³ Meade et al. *Effects of Nursing Rounds on Patients Call Light Use, Satisfaction, and Safety*. AJN, Sept 2006, Vol 106, No 9, pp. 58-70

a passion for putting your patients first. What you've identified is important and could serve as a model for other units."

Estela Vazquez, 1199 Executive Vice President said, "We are very pleased with the outcomes and give thanks to the incredible efforts of the Union staff, our delegates and members, and the management team. This is an example that joint efforts produce positive results that we all can take credit for."

Marty Mancuso, Chief Patient Experience Officer said, "Congratulations. It was a wonderful effort. We will continue to support you."